

## ONLINE APPLICATION-Demolition Permit for the City of Fairmont

Date of Application: \_\_\_\_\_

Location of Work: \_\_\_\_\_

Tax Map #: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Total Cost of Demolition: \$\_\_\_\_\_

Proposed Start Date: \_\_\_\_\_

| NAME                           | ADDRESS | PHONE # | LICENSE # |
|--------------------------------|---------|---------|-----------|
| Owner:                         |         |         |           |
| Contractor:                    |         |         |           |
| Asbestos Abatement Contractor: |         |         |           |
| Engineer:                      |         |         |           |

Description of structure to be demolished: \_\_\_\_\_  
\_\_\_\_\_

Description of surrounding property: \_\_\_\_\_  
\_\_\_\_\_

Proximity from demolition site to nearby structures and streets: \_\_\_\_\_  
\_\_\_\_\_

Proposed safeguards to adjoining structures, streets, properties, or pedestrians: \_\_\_\_\_  
\_\_\_\_\_

Proposed future use of the property: \_\_\_\_\_  
\_\_\_\_\_

Proposed reclamation of property: \_\_\_\_\_  
\_\_\_\_\_

Has all hazardous materials been abated? \_\_\_\_\_

**UTILITIES MUST BE DISCONNECTED PRIOR TO A PERMIT BEING ISSUED.**

| <b>Utility Company</b> | <b>Contact Name</b> | <b>Phone #</b> | <b>Disconnected<br/>(initial)</b> |
|------------------------|---------------------|----------------|-----------------------------------|
| Water Department       | A.J. Biafore        | 304-366-0540   |                                   |
| Sanitary Sewer Dept.   | A.J. Biafore        | 304-366-0540   |                                   |
| Storm Sewer Dept.      | Mike DeMary         | 304-366-0540   |                                   |
| Allegheny Power        |                     | 1-800-255-3443 |                                   |
| Dominion Hope Gas      |                     | 1-800-688-4673 |                                   |
| Equitable Gas          |                     | 1-800-924-2840 |                                   |

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

|                         |          |       |
|-------------------------|----------|-------|
| Signature of applicant: | Address: | Date: |
|-------------------------|----------|-------|

As owner of authorized agent of the owner, I understand that the State of West Virginia has laws regulating the inspection and abatement hazardous materials including asbestos containing materials and that I am responsible for the abatement of any such material prior to demolition of any structure per state law.

|                         |          |       |
|-------------------------|----------|-------|
| Signature of applicant: | Address: | Date: |
|-------------------------|----------|-------|

**DO NOT WRITE BELOW THIS LINE**

Have demolition documents/plans been submitted? yes:\_\_\_\_\_no:\_\_\_\_\_

Are documents/plans signed and sealed by a licensed professional? (required for commercial) yes:\_\_\_\_\_no:\_\_\_\_\_

Has an asbestos inspection report been submitted? yes:\_\_\_\_\_no:\_\_\_\_\_

Has the Street Department been notified? yes:\_\_\_\_\_no:\_\_\_\_\_

Is a Road Bond required? Amount of Road Bond? \$\_\_\_\_\_ yes:\_\_\_\_\_no:\_\_\_\_\_

Permit Number: \_\_\_\_\_ Date permit issued:\_\_\_\_\_ Permit Fee: \$\_\_\_\_\_

Inspector performing site visit:\_\_\_\_\_ Date of visit:\_\_\_\_\_

Application approved by:\_\_\_\_\_ Date of approval:\_\_\_\_\_